Please use this form to report ***individual service projects*** that you have completed i*ndependent* of HCA. Please use one form for each different service project that you complete. Please submit your completed service form to the front desk or to Mrs. Godwin within one month of the date of service.

Please note that your service project must be composed of at least one hour of work. *Please do not report any activity for which you received money or other compensation*.

|  |  |
| --- | --- |
| **Student Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service:** | | **Grade:** | |
| **Name of Service Project:** | | |  |
|
| **Beginning Time:** |  | | |
| **End Time:** |  | | |

**Specific Description**

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***Supervised / Approved by Date***

(Service Project Leader or Parent Signature)

***Supervisor’s Phone Number***

|  |
| --- |
| ***For HCA use only***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administration Approval Date  Entered in HCA Service Database : Excel \_\_\_\_\_\_\_\_ RenWeb \_\_\_\_\_\_\_\_    ***Total Service Hours*** |